

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF PUERTO RICO

PRISONER CIVIL RIGHTS COMPLAINT  
42 U.S.C. § 1983

DEMANDA POR VIOLACION A DERECHOS CIVILES DE CONFINADO  
42 U.S.C. § 1983

2025 MAY 1 AM 9:10  
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Jose L. Camacho-Ramos

Full name of plaintiff

Nombre completo del demandante

25-CV-1240  
RAM

v.

Physician Correctional Corp.

Full name(s) of defendant(s)

nombre completo de(l)(los) demandado(s)

I. Previous lawsuits.  
*Pleitos radicados anteriormente.*

A. Have you brought other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

*¿Ha iniciado usted otros pleitos en los tribunales estatales o federales que tengan que ver con los mismos hechos de la presente acción o que se relacionen con su reclusión?*

( ) Yes (Sí)

(✓) No

B. If your answer to "A" is yes, describe the lawsuit in the space below. If there is more than one lawsuit, describe the additional lawsuits on another piece of paper using the same outline.

*Si la contestación a la pregunta "A" es en la afirmativa, describa el pleito en el espacio siguiente. De existir más de un pleito, descríbalos en otro papel*

utilizando el mismo modelo.

1. Parties to the previous lawsuit.  
*Partes en el pleito anterior.*

Plaintiff(s)

*Demandante(s)*

\_\_\_\_\_

\_\_\_\_\_

Defendant(s)

*Demandado(s)*

\_\_\_\_\_

\_\_\_\_\_

2. Court. If federal court, name the district, if state court, name the county or part.

*Tribunal. Si es un tribunal federal, indique el distrito, si es un tribunal estatal, indique el condado o sala.*

\_\_\_\_\_

3. Docket number.

*Número asignado.*

\_\_\_\_\_

4. Name of judge to whom the case is assigned.

*Nombre del juez a quien se le asignó el caso.*

\_\_\_\_\_

5. Disposition. For example: Was the case dismissed? Was it appealed? Is it still pending?

*Disposición. Por ejemplo: ¿Se desestimó el caso? ¿Se apeló? ¿Se encuentra aún pendiente?*

\_\_\_\_\_

6. Approximate date of filing lawsuit.

*Fecha aproximada en que radicó el pleito.*

\_\_\_\_\_

7. Approximate date of disposition.  
*Fecha aproximada en que se resolvió el pleito.*
- 

II. Place of confinement.  
*Lugar actual de reclusión.*

- A. Is there a prisoner's grievance procedure in the institution?  
*¿Existe un procedimiento de quejas y agravios para los confinados en la institución?*
- (☒) Yes (Sí) ( ) No
- B. Did you present the facts related to your complaint in the state prisoner's grievance procedure?  
*¿Presentó usted los hechos de su querrella bajo el procedimiento de quejas y agravios para confinados?*
- (☒) Yes (Sí) ( ) No

C. If your answer is yes,  
*Si su contestación es afirmativa,*

1. What steps did you take?  
*¿Qué medidas tomó usted?*

I fill the medical area Registry of Grievance to ask  
for my medication, appointments and services

2. What was the result?  
*¿Cuál fue el resultado?*

They answer that the prescription is lost or that I have  
to know which were the meds prescribed, and that I have referrals.

D. If your answer is No, explain why not.  
*Si su contestación es No, explique porqué.*

I did not use the Prisoner's grievance procedure because  
Physician Correctional is a private company under contract.

- E. If there is no prison grievance procedure in the institution, did you complain to prison authorities?

*Si no existe un procedimiento de quejas y agravios en la institución, ¿se quejó usted con las autoridades de la institución?*

(✓) Yes (Sí)

( ) No

- F. If your answer is Yes,  
*Si su contestación es en la afirmativa,*

1. What steps did you take?  
*¿Qué medidas tomó usted?*

I spoke to Lieutenant Ms. Figueroa, with nurse Gerena,  
nurse Reyes and appointment coordinator Ms. Brenda

2. What was the result?  
*¿Cuál fue el resultado?*

None of them has been able to help me, they say that  
CMC (Correctional Medical Center) haven't send the prescription

III. Parties.  
*Partes.*

In item A below, write your name in the first blank and write your present address in the second blank. Do the same for additional parties, if any, using the reverse side if necessary.

*Bajo la letra A, escriba su nombre en la primera línea y su dirección actual en la segunda línea. Si hay demandantes adicionales, provea la misma información utilizando el dorso si es necesario.*

- A. Name of plaintiff

*Nombre del demandante* Jose L. Camacho - Ramos

Address  
*Dirección*

50 Carr. #5, Unit 501 1-D  
Industrial Luchetti  
Bayamón, P.R. 00961-7403



In item B below, write the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the name, position and place of employment of any additional defendant.

*Bajo la letra B, escriba en la primera línea el nombre completo del demandado, en la segunda línea escriba el puesto que ocupa y en la tercera línea escriba el lugar donde está empleado. Utilice el apartado C para escribir el nombre, puesto y lugar de empleo de otro demandado.*

B. Defendant  
Demandado

Physician Correctional Corp.

is employed as  
está empleado como

Medical Contractor for Dept. of Corrections P.R.

at  
en

Department of Correction of Puerto Rico

IV. Statement of Claim.  
*Relación de Hechos.*

State here, as briefly as possible, the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates or statutes. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach an extra sheet if necessary.

*Escriba brevemente los hechos del caso. Describa la participación de cada uno de los demandados. Incluya también los nombres de otras personas que tuvieron participación, las fechas y los estatutos. No presente argumentos legales ni cite precedentes ni estatutos. Si usted quiere presentar varias reclamaciones, enumérelas y hágalo en párrafos por separado. Puede utilizar otra hoja de papel si lo considera necesario.*

① On February 24, 2025, I went to my appointment with the urologist  
at Medical Center of Rio Piedras, P.R., whom after analyzing a sonogram  
found that I have an infection at the left testicle with inflammation and  
for so he prescribed antibiotic and anti-inflammatory medications. When I  
came back, I was taken to CMC where they told me to refuse to  
see the doctor because they will send the prescription to the

Institution SOL Pharmacy anyway. To date April 21, 2025, almost 2 months I have not receive the medication, suffering of pain and discomfort in my genitalia area.

Please see the reverse side of page for second claim.

V. Request for Relief.  
*Solicitud de Remedio.*

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

*Indique brevemente lo que usted espera que el tribunal haga por usted. No escriba argumentos legales ni cite precedentes ni estatutos.*

- ① That the court orders the defendant to cease and desist the conduct of not serving the meds prescribed by outside specialists, and to use the federal funds they received from the Dept. of Corrections to contract the specialists we need like internal medicine, urologist, dermatologist, ect.
- ② That the court orders the defendant to pay the sum of \$2,000.00 per day that the Plaintiff pass without the medication prescribed by the urologist.
- ③ that the Court orders the defendant to ensure that the CMC optometrist evaluates the plaintiff and orders the payment of \$1,000.00 per day that the plaintiff pass without the right prescription of lenses.

I declare under penalty of perjury that the foregoing is true and correct.  
*Declaro bajo pena de perjurio que lo anterior es cierto y correcto.*

Signed this 21 day of April of 2025.  
(día) (mes) (año)

Jose J. Concha Roman  
Plaintiff's signature  
Firma del demandante

② The plaintiff is a presbiopia patient with slow sight loss, and he spent over 6 years with the same prescription of lenses, on 2023 he was evaluated by a subcontractor in optometrist of Physician Correctional named Pro Vision whom send a prescription lenses that does not fits the needs of the plaintiff, I request to be seen by the CMC optometrist to correct the prescription and the defendant waited a year till december 12, 2024 to sent again the sub-Contractor on their bus to reevaluate the plaintiff, and again, they sent another prescription that does not fits plaintiff's needs. This has provoked a lot of headaches, pain and pressure in the eyes, and more difficulties with plaintiff's vision. For the last over 2 years, plaintiff has been suffering for the defendant's negligence.